Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13203

3 - OUTPATIENT

HEALTH HISTORY

PATIENT NAME [redacted] BIRTHDATE [redacted] PATIENT # _____

To help us meet all your healthcare needs, please fill out **both sides** of this form completely in ink. This is a confidential record of your medical history and will be kept in this office.

Today's date 11-13-98
Place of birth [redacted]
Highest level in school B.S. degree
Occupation housewife
Previous occupations _____
Marital status married
Hobbies sheep, sewing, cooking, etc.
Exercise/recreation aerobic dance, ...
Habits:
Smoking (type & amount per day) —
If former smoker, date quit 1975
Alcohol (type & amount per week) —
Caffeine (type & amount per day) 1 c. decaf coffee
Street drugs (type & amount per day) —
Usual weight 150
Date of last dental exam June 1998
Please list all allergies (foods, drugs, environment)
none

When was your last physical exam? ?
Name of doctor _____ Phone _____
Please list all serious illnesses, operations, and other hospitalizations you have experienced and indicate year these occurred: ☐ none
tonsillectomy 1963

Please list all medicines you are currently taking (include nonprescription drugs): ☐ none
advil
aspirin

Describe all serious accidents, severe injuries, head injury, fractures or broken bones (include date occurred): ☐ none
broken collarbone 1965

Chief Complaints
Please list (in order of importance) the present health concerns, symptoms, or problems you are experiencing:
fever, headache, achiness, episode of double vision, sleeplessness,

Past Medical History
Have you ever had the following: (Circle "no" or "yes", leave blank if uncertain)

Measles	no	yes	Migraine headaches	no	yes (occasionally)	Hives or Eczema	no	yes
Mumps	no	yes	Tuberculosis	no	yes	AIDS or HIV+	no	yes
Chickenpox	no	yes	Diabetes	no	yes	Infectious Mono	no	yes
Whooping Cough	no	yes	Cancer	no	yes	Bronchitis	no	yes
Scarlet Fever	no	yes	Polio	no	yes	Mitral Valve Prolapse	no	yes
Diphtheria	no	yes	Glaucoma	no	yes	Stroke	no	yes
Smallpox	no	yes	Hernia	no	yes	Hepatitis	no	yes
Pneumonia	no	yes	Blood or Plasma transfusions	no	yes	Ulcer	no	yes
Rheumatic Fever	no	yes	Back trouble	no	yes	Kidney Disease	no	yes
Heart Disease	no	yes	High or low blood pressure	no	yes	Thyroid Disease	no	yes
Arthritis	no	yes	Hemorrhoids	no	yes	Bleeding tendency	no	yes
Venereal Disease	no	yes	Date of last chest x-ray			Any other disease (please list)	no	yes
Anemia	no	yes	Asthma	no	yes			
Bladder Infections	no	yes						
Epilepsy	no	yes						

Family History
Has any blood relative had any of the following: (Circle "no" or "yes", leave blank if uncertain)

			Relationship				Relationship
Cancer	no	yes	father-melanoma	Stroke	no	yes	
Tuberculosis	no	yes	maternal grandmother	Epilepsy	no	yes	
Diabetes	no	yes		Allergies	no	yes	
Heart Disease	no	yes	? maternal uncle-mother	Anemia	no	yes	
High blood pressure	no	yes		Bleeding tendency	no	yes	

000002

Family History (cont.)
(Circle "no" or "yes", leave blank if uncertain)

Relationship			Present age, or age of death	If living, health (good, fair, poor) If deceased, cause of death
Asthma	[redacted]	yes		
Chronic lung disea	no	yes		
Drug or alcohol pr	no	yes		
Mental Illness	no	yes		
Leukemia	no	yes		
Migraine headaches	no	yes		
Obesity	no	yes		
Thyroid Disease	no	yes		
Ulcer	no	yes		
Depression	no	yes		
High Cholesterol	no	yes		
Kidney Disease	no	yes		
Glaucoma	no	yes		
Gout	no	yes		
Father			72 at death	- melanoma rheumatic heart
Mother			36 " "	
Siblings	Brother		57	good
	Brother		32	good
	Sister		29	good
Spouse	David J.		42	good
Children	Douglas		26	good
	Justin		23	good
	Brian		21	good
	Casey		20	good
	Kelly		18	good.

Do you have now or have you had within the past year:
(Circle "no" or "yes", leave blank if uncertain)

Weakness or paralysis	no	yes	Bloody sputum	no	yes	Joint pain or stiffness	no	yes
Tire easily or weakness	no	yes	Wheezing	no	yes	Swollen joints	no	yes
Recent weight changes	no	yes	Chest pain or discomfort	no	yes	Muscle cramps or spasms	no	yes
Change in appetite	no	yes	Purple fingers or lips	no	yes	Sleeplessness Night sweats	no	yes
Sensitivity to cold or heat	no	yes	Swelling of hands, feet or ankles	no	yes	Seizures	no	yes
Persistent fever	no	yes	Difficulty in breathing	no	yes	Depression	no	yes
Night sweats or Hot flashes	no	yes	Palpitations or fluttering of the heart	no	yes	Memory loss	no	yes
Skin rash	no	yes	Leg cramps on walking or at night	no	yes	Poor coordination	no	yes
Skin trouble or changes	no	yes	Enlarged veins	no	yes	Dizziness or fainting spells	no	yes
Change in nails or hair	no	yes	Difficulty swallowing	no	yes	A living will or advance directive	no	yes
Headaches	no	yes	Heartburn	no	yes	**Men only:**		
Easy bleeding or bruising	no	yes	Frequent belching	no	yes	Discharge from penis	no	yes
Double vision	no	yes	Abdominal cramping	no	yes	Pain or lump in testicles	no	yes
Blurred vision	no	yes	Nausea	no	yes	Impotence	no	yes
Eye pain	no	yes	Vomiting	no	yes	**Women only:**		
Infected eyes	no	yes	Vomited or coughed up blood	no	yes	Age period began 12		
Do you wear glasses or contacts	no	yes	Chronic diarrhea	no	yes	How many days do periods last? 4-6		
When was your last eye exam A94			Chronic constipation	no	yes	How many days between periods? 28		
Ringing in the ears	no	yes	Rectal bleeding	no	yes	Is the flow heavy?	no	yes
Discharge from ears	no	yes	Black tarry stools	no	yes	Do you bleed or spot between periods?	no	yes
Ear pain	no	yes	Dark urine	no	yes	Do you have pain or cramps?	no	yes
Decrease in hearing	no	yes	Yellow jaundice	no	yes	Date of last period? Oct 1998		
Frequent nosebleeds	no	yes	Frequent urination (day)	no	yes	Date of last pelvic exam? Aug 1997		
Frequent colds	no	yes	Frequent urination (night)	no	yes	Date of last mammogram? Can't remember May 1998		
Sinus trouble	no	yes	Increase in thirst	no	yes	Any itching in vaginal area?	no	yes
Loss of smell	no	yes	Painful urination	no	yes	Pain with intercourse?	no	yes
Persistent hoarseness	no	yes	Leakage of urine	no	yes	Type of birth control used? —		
Sore throat	no	yes	Difficulty in starting urine	no	yes	Number of pregnancies 5		
Sore tongue or gums	no	yes	Blood in urine	no	yes	Number of full term births 5		
Lump or discharge from breast	no	yes	Lack of sex drive	no	yes	Number of preterm births 0		
Chronic or frequent cough	no	yes	Hemorrhoids	no	yes			
Shortness of breath	no	yes	Backaches	no	yes			

X [redacted] or

Jan 13, 1998
Date

[redacted]

MEDICATION LIST

PATIENT NAME [redacted] BIRTHDATE [redacted] PATIENT #

ALLERGIES - DRUG REACTIONS
NKDA

PHONE #

PHARMACY [redacted]

PHONE #

PROBLEM(S)	MEDICATION/STRENGTH	DIRECTIONS	NUMBER REFILLS	NURSE TO REFILL	DATE	REFILLS
	Trandate 200 - 1 BID			YES NO	START STOP	DATE INITIALS
	Norvasc 10mg 1 q day			YES NO	START STOP	DATE INITIALS
	Paxil 20mg			YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS
				YES NO	START STOP	DATE INITIALS

[redacted] MD. CliniForms

FAMILY PRACTICE **PROGRESS NOTES**

Name [redacted] Date of birth

DATE	NOTES

[redacted]

11-13-98 Cc started Sun. pm - woke up c double vision - Mon nights, chills & fever - double vision now gone - can't sleep

WT	BP	T	P	R	Allergies
166½	200/120	101.4	128	20	NKA

Age 46

no meds

Monday Diplopia

Saw Ophth. Dr. [redacted]

repeat BP 200/130 190/100 ō 15 min

Headache in back of head.

In Europe 1-12 Oct 98. Eng. Gen. Ireland

HEENT

HEART

LUNGS

ABD

Admit [redacted]

NP

WT	BP	T	P	R	Allergies
164½	130/80 (120/78)	98.8	64	20	NKDA

12-[illegible]-98 F/up visit from hospital

AGE 46

Feels better

Dr. [redacted] [redacted]

HEENT WNL

HEART RRR [redacted]

LUNGS Clear

ABD Soft nontender

[illegible]

[redacted]

000005

[redacted]

11/25/1998

SUBJECTIVE
Dr. [redacted] and I saw this patient at [redacted] where she was admitted for fever and chills, rash and elevated blood pressure. She was in the hospital for approximately one week. She had a very extensive workup for the etiology of her hypertension given her unusual clinical presentation. Tests were done for coarctation, renal artery stenosis, pheochromocytoma, Cushing's syndrome. All of these tests were negative. Later during the admission, it was found out that the patient was taking Metabolife. This contains an ephedrine derivative and has been known to elevate blood pressure. Because of all the negative diagnostic tests, the etiology for her hypertension was either new onset essential hypertension or secondary to the Metabolife. Her other febrile illness was probably a co-existent condition. She was discharged on labetalol 200 mg b.i.d. and amlodipine 10 mg q.d. She has been taking her blood pressure regularly at home. Because the blood pressure has dropped somewhat, she is now on 400 mg b.i.d. She feels great and nearly back to baseline.

Her echocardiogram was normal.

OBJECTIVE
She appears well today. Blood pressure is 110/74. Heart rate is 80 and regular. Weight is 166 ½ pounds. She has no JVD. Her lungs are clear to auscultation. Cardiac exam reveals a regular rate and rhythm, normal S_1, S_2. She had no lower extremity edema.

ASSESSMENT
Recent onset hypertension.

PLAN
I have instructed her to continue to checking her blood pressure at home. If it is consistently low, she can decrease the labetalol to 200 b.i.d. If then it still remains consistently low, she can stop it. If her hypertension was induced by Metabolife, her blood pressure should return to normal. If, however, she has developed essential hypertension, she will need to be on chronic antihypertensive medications. She is following with Dr. [redacted] next week and I would like to see her back in approximately 4-6 weeks.

[redacted]
[redacted] MD

[redacted]

D:11/25/1998
T:12/23/1998

C: [redacted], MD

[redacted]

[redacted]

[redacted]

Patient [redacted] Chart# Spec # Tech [redacted] **URINALYSIS**

Req by Date Spec Drawn. 11-13-78 Date/Time Spec Rec'd. Date/Time Test Complete.

☑ VOID
☐ CC
☐ CATH
☐ TURBID
☒ HAZY
☐ CLEAR

TEST	NORM	RESULT	TEST	NORM	RESULT
Color	Yellow	Gold	Leuk.	Neg	Neg
pH	5 - 7	6.5	Blood	Neg	Trace
Sp Gr	1 005-1 020	1.020	Nitrite	Neg	Neg
Protein	Neg	+1	Bilirubin	Neg	Neg
Glucose	Neg	Neg	Urobilin	Neg	0.2
Ketones	Neg	+4			

MICRO

TEST	NORM	RESULT	TEST	NORM	RESULT
WBC	Neg		Bact	Neg	
RBC	Neg		Mucus	Neg	
Epith	Neg		Casts	Neg	
Cryst.	Neg				

OTHER

000007 [redacted]

12/06/98

[redacted]

PATIENT NAME : [redacted]
PATIENT ID :
PATIENT PHONE:
HOSPITAL ID :
SEX: F AGE: 46 DOB: [redacted]
SS# -- WARD: ROOM:

ACCESSION : [redacted]
REQUISITION:
REPORTED : 6-DEC-1998
RECEIVED : 5-DEC-1998
COLLECTED : 4-DEC-1998 11:37A
REASON :

PHYSICIAN :
CLIENT NAME : [redacted]

PHYS/UPIN#:
CLIENT ID : [redacted]
LOCATION :

TEST REQUEST : ACP,HDL;CBC WITH DIFFERENTIAL/PLATELET;THYROID PANEL;ESTROGENS, TOTAL; RAPID PLASMA REAGIN, QUAL TEST;

ADDITIONAL INFORMATION:
FASTING: N HEIGHT: WEIGHT:

TEST NAME	NORMAL RESULTS	ABNORMAL RESULTS	UNIT	REFERENCE RANGE
ACP,HDL:				
GLUCOSE	98		MG/DL	65-115
BLOOD UREA NITROGEN	16		MG/DL	5-26
CREATININE	1.1		MG/DL	0.6-1.5
CALCIUM	9.9		MG/DL	8.5-10.6
PHOSPHORUS	3.8		MG/DL	2.5-4.5
SODIUM	138		MEQ/L	135-147
POTASSIUM	4.8		MEQ/L	3.5-5.5
CHLORIDE	104		MEQ/L	96-109
URIC ACID	3.7		MG/DL	2.2-7.7
TOTAL PROTEIN	7.2		G/DL	6.0-8.5
ALBUMIN	4.2		G/DL	3.5-5.5
GLOBULIN	3.0		G/DL	2.2-4.1
A/G RATIO	1.4			0.9-2.0
TOTAL BILIRUBIN	0.6		MG/DL	0.1-1.2
ALKALINE PHOSPHATASE	58		U/L	25-150
LACTIC DEHYDROGENASE	113		U/L	0-240
SGOT(AST)	8		U/L	0-45
SGPT(ALT)	6		U/L	0-50
GGT	12		U/L	0-70
TOTAL IRON	38		MCG/DL	35-175
TRIGLYCERIDES	92		MG/DL	0-199
CHOLESTEROL	170	[redacted]	MG/DL	SEE BELOW
DESIRABLE: < 200				
BORDER: 200-240				
ELEVATED: > 240				
HDL	73		MG/DL	30-150
CHOL/HDL RATIO	2.3			SEE COMPENDIUM
LDL (CALCULATED)	79		MG/DL	SEE BELOW
DESIRABLE: < 130				
BORDER: 130-159				
ELEVATED: > 159				
CBC WITH DIFFERENTIAL/PLATELET:				
WBC	5.4		THOUS/uL	4.0-10.5
RBC	4.21		MILL/uL	3.80-5.10
HEMOGLOBIN	12.6		G/DL	11.5-15.0
HEMATOCRIT	38.3		%	34-44
MCV	91		fL	80-98

[redacted]

Adult reference ranges unless otherwise specified

PATIENT NAME : [redacted]	ACCESSION : [redacted]
PATIENT ID :	REQUISITION:
PATIENT PHONE:	REPORTED : 6-DEC-1998
HOSPITAL ID :	RECEIVED : 5-DEC-1998
SEX: F AGE: 46 DOB: [redacted]	COLLECTED : 4-DEC-1998 11:37A
SS# -- WARD: ROOM:	REASON :

PHYSICIAN :
CLIENT NAME : [redacted]

PHYS/UPIN#:
CLIENT ID :
LOCATION : [redacted]

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ADDITIONAL INFORMATION:
FASTING: N HEIGHT: WEIGHT:

TEST NAME	NORMAL RESULTS	ABNORMAL RESULTS	UNIT	REFERENCE RANGE
MCH	29.9		PG	27-34
MCHC	32.9		G/DL	32-36
LYMPHOCYTES	23		%	14-46
NEUTROPHILS	68		%	40-74
MONOCYTES	6		%	4-13
EOSINOPHILS	2		%	0-7
BASOPHILS	1		%	0-3
LYMPHOCYTES(ABSOLUTE C...	1.2		THOUS/uL	0.70-4.50
NEUTROPHILS(ABSOLUTE C...	3.7		THOUS/uL	1.80-7.00
MONOCYTES(ABSOLUTE COUNT)	0.3		THOUS/uL	0.10-1.00
EOSINOPHILS(ABSOLUTE C...	0.1		THOUS/uL	0.0-0.40
BASOPHILS(ABSOLUTE COUNT)	0.1		THOUS/uL	0.0-0.20
PLATELET COUNT	266		THOUS/uL	140-415
THYROID PANEL:				
THYROXINE (T-4)	5.9		MCG/DL	4.5-12.0
T-3 UPTAKE	29		%	24-39
	1.7			1.2-4.9
ESTROGENS, TOTAL:				
ESTROGEN, SERUM	TEST IN PROGRESS			
RAPID PLASMA REAGIN, QUAL TEST:				
SEROLOGY (RPR)	NON REACTIVE			

[redacted]

Adult reference ranges unless otherwise specified

PATIENT NAME :	[redacted]	ACCESSION :	[redacted]
PATIENT ID :		REQUISITION:	
PATIENT PHONE:		REPORTED :	17-DEC-1998
HOSPITAL ID :		RECEIVED :	5-DEC-1998
SEX: F AGE: 46	DOB: [redacted]	COLLECTED :	4-DEC-1998 11:37A
SS# --	WARD: ROOM:	REASON :	

PHYSICIAN : [redacted]
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PHYS/UPIN#: [redacted]
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TOTAL IRON	38		MCG/DL	35-175
TRIGLYCERIDES	92		MG/DL	0-199
CHOLESTEROL	170		MG/DL	SEE BELOW
DESIRABLE: < 200				
BORDER: 200-240				
ELEVATED: > 240				
HDL	73		MG/DL	30-150
CHOL/HDL RATIO	2.3			SEE COMPENDIUM
LDL (CALCULATED)	79		MG/DL	SEE BELOW
DESIRABLE: < 130				
BORDER: 130-159				
ELEVATED: > 159				
CBC WITH DIFFERENTIAL/PLATELET:				
WBC	5.4		THOUS/uL	4.0-10.5
RBC	4.21		MILL/uL	3.80-5.10
HEMOGLOBIN	12.6		G/DL	11.5-15.0
HEMATOCRIT	38.3		%	34-44
MCV	91		fL	80-98

Adult reference ranges unless otherwise specified

[redacted]

PATIENT NAME : [redacted]
PATIENT ID :
PATIENT PHONE:
HOSPITAL ID :
SEX: F AGE: 46 DOB: [redacted]
SS# -- WARD: ROOM:

ACCESSION : [redacted]
REQUISITION:
REPORTED : 17-DEC-1998
RECEIVED : 5-DEC-1998
COLLECTED : 4-DEC-1998 11:37A
REASON :

PHYSICIAN : [redacted]
CLIENT NAME :

PHYS/UPIN#: [redacted]
CLIENT ID :
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PLATELET COUNT	266		THOUS/uL	140-415
THYROID PANEL:				
THYROXINE (T-4)	5.9	[redacted]	MCG/DL	4.5-12.0
T-3 UPTAKE	29		%	24-39
[illegible]7	1.7			1.2-4.9
ESTROGENS, TOTAL:				
ESTROGEN, SERUM	QNS			
QUANTITY NOT SUFFICIENT. PLEASE RESUBMIT 2 ML OF SERUM.				
RAPID PLASMA REAGIN, QUAL TEST:				
SEROLOGY (RPR)	NON REACTIVE			

[redacted]

Adult reference ranges unless otherwise specified